

## INFORMATION PAPER

AFRC-MD

1 February 2003

SUBJECT: Army Reserve Clinical Credentialing Affairs (ARCCA)

1. Purpose: To provide information on the development and implementation of the Army Reserve Clinical Credentialing Affairs (ARCCA).

2. Facts.

a. Clinical credentialing of all USAR military health care providers is currently done at the unit level. Completion of this complex, time consuming activity is hampered by a lack of fiscal and personnel resources, a lack of trained personnel, and inconsistent application of the guidelines detailed in AR 40-68. The result is that providers are often unprepared to practice their specialty, whether in a training or mobilization status.

b. In August 2001, the USARC Surgeon's Office, collaboratively with a contract firm, performed a thorough assessment of USAR credentialing processes. As a result, the steering committee recommended to, and received the approval of, the USARC DCG and the CAR to centralize all credentialing activities into one agency and to utilize technology to improve the effectiveness and efficiency of credentialing processes.

c. In June 2002, Phase II of the project was begun which included a more thorough assessment of current business processes and development of an implementation plan for the pilot project. Products of this phase include a marketing plan, a certification board plan, a web site development plan, critical success factors, a prototype software product that will drive workflow and document management, and a plan for Phase III.

d. Phase III of the project began in October 2002 and will last until September 2003. During this phase, all aspects of the centralized credentialing agency will be fully developed and tested. The population involved in the pilot project will be the 800+ privileged providers currently attached to the NAAD. The first files will be transferred to the ARCCA in February 2003 and thereafter at a rate of approximately 100 files/month.

e. After successful completion of the pilot, the credentials files of all privileged providers assigned to TPU's will be incrementally transferred to the ARCCA. Projected completion date of this phase is late in FY05. After this milestone is reached, work will begin to incorporate credentials files on non-privileged providers and all providers in the IRR.

f. ARCCA will be under the direction of the USAR Surgeon's Office and will be housed in Atlanta, Georgia. The agency will be staffed by a combination of AGR soldiers, DA Civilians, and civilian contractor employees with the number of staff to rise proportionately to the number of files being managed.

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